

SCOPE OF REVIEW:

This Quality Assurance Review covers the period of April 1, 2003 (the date that AWARE began providing services in Billings), through June 30, 2004. The review included a desk review of AWARE's Policies, personnel records, evacuation drills, CARF Accreditation, and group home licenses, plus a review of records and interviews with staff during on-site visits to all residential programs and the AWARE Day Program..

GENERAL AREAS

A. ADMINISTRATIVE

Significant Events from the Agency

-AWARE began managing the services previously provided by REM Montana in Billings on April 1, 2003. The change from REM to AWARE was a tumultuous time for staff, consumers, and families, as people were apprehensive and uncertain what the change in administration of the services would bring. AWARE did a good job of minimizing the impact on all concerned and maintaining continuity of services.

Policies and administrative (DDP) directives

-The AWARE policy and procedure manual was reviewed and was found to be in compliance with DDP directives.

Licensing

-All group homes (Heritage, Edmond, and Lampman) were found to have current licenses, with no deficiencies noted.

Accreditation

-AWARE was last accredited by CARF in July 2003 and received a three-year accreditation. I was informed that AWARE plans to maintain CARF accreditation with the next survey being due in 2006.

Agency internal communication systems

-No problems or deficiencies were noted relating to AWARE's internal communication systems.

Fiscal

-A Financial Report was completed by Anderson Zurmuehlen and Co. PC. The audit had no reportable conditions relating to the audit of the financial statements.

Appendix I

-There were no negotiated Appendix I activities on which to report.

SPECIFIC SERVICES REVIEWED

A. Residential

Accomplishments

-AWARE located and purchased a replacement home for the Colton Group Home on Edmond Street. This is a larger home than the Colton home, and was a positive move for the individuals who were living at Colton.
-One of the bathrooms at the Lampman Group Home was remodeled to create an

accessible shower, which then made the whole home accessible to people who use wheelchairs (QAOS # 4).

Programmatic Deficiencies

No significant programmatic deficiencies were noted.

Corrections to Deficiencies

No corrections to deficiencies is required.

I. HEALTH AND SAFETY

Vehicles

-AWARE conducts regular vehicle inspections for the vehicles used to transport consumers, and provides training to staff who operate agency vehicles. No deficiencies were noted. However, as of this report, the Billings program still does not have a wheelchair accessible van, and I strongly urge AWARE to obtain an accessible van to provide transportation to those folks who use wheelchairs. A wheelchair accessible van will facilitate community access for people who use wheelchairs, and will expand AWARE's capacity to serve individuals with severe physical handicaps.

Consumers

-AWARE reallocated financial resources and created an apartment-like setting in the basement of the Lampman Group Home in order to meet the behavioral needs of one individual (JL). This move not only helped to better serve JL, but also resulted in increased safety for the other individuals living at Lampman (QAOS # 6).

Medication Safety

-Medication errors were reported to this office from all program sites as they occurred throughout the reporting period, with results as follows:

<u># errors by month:</u>	<u># errors by site:</u>	<u># errors by type:</u>
April '03: 2	Edmond: 1	Omission: 16
May: 8	Heritage: 7	Wrong dose: 2
June: 2	Lampman: 3	Wrong med: 3
July: 0	Bender: 2	Wrong time: 1
August: 0	Evergreen: 7	
September: 1	Day Prog: 2	
October: 1		
November: 2		
December: 1		
January '04: 3		
February: 1		
March: 1		
April: 0		
May: 0		
June: 0		

-All errors were recorded as Level II, indicating that the error caused no change in the person's condition and did not require any additional treatment.

-AWARE is commended for maintaining medication errors at a very low rate throughout its program sites (QAOS # 7).

Sites

-All program sites operated by AWARE were visited during random drop-in visits throughout the course of the reporting period and as part of the on-site review. All group homes and the day program are well-maintained. As mentioned above, at Lampman, an accessible shower was installed, which offers increased health and safety both to staff and to consumers who use wheelchairs, and increases the ability of AWARE to serve individuals who use wheelchairs for mobility. Remodeling is currently in progress at Heritage to make that home accessible, which will further increase AWARE's ability to serve folks with significant physical handicaps.

-At Edmond the water temperature was measured at 122 degrees Fahrenheit. To avoid scalding, the water temperature cannot exceed 120 degrees (QAOS # 3). **A water temperature check has been added to the group home monthly checklist, and the water temperature at Edmond has been adjusted.**

Evacuation Drills

-Documentation of evacuation drills was reviewed for all program sites. At each site, it was noted that evacuation drills were conducted on a monthly basis at various times. At Heritage, there were several occasions where the time to evacuate was not listed, and on one occasion, an evacuation drill took nearly 5 minutes to complete. At Edmond, there were several drills that took from 6 minutes to 12 minutes to complete; one particular drill took in excess of 11 minutes to complete, yet the notation on the form listed the drill as having "worked well." Several other drills at Edmond mentioned that one or more of the consumers was slow or refused to evacuate. At Lampman, several drills took from 4 to 8 minutes to complete and noted noncompliance on the part of one consumer. When problems arise with evacuation drills, those problems need to be addressed at the IP level or by the agency's safety committee (QAOS #11). **Fire/Evacuation drill form will be revised with notation that any time a drill exceeds 3 minutes, an explanation will be included. All drills will be turned into Program Directors to be reviewed during monthly supervisor meetings, and will be sent to the AWARE Safety Committee for review and monitoring.**

-It was also noted that on 4 occasions at the Beartooth Day Program, evacuation drills were performed with no consumers present. It seems a bit ridiculous to be conducting evacuation drills with no consumers present!

-And finally, it was noted that different program sites used different forms to document evacuation drills. I would recommend that AWARE

standardize their evacuation drill form and have all program sites use the same form. I would further recommend that the form be designed to include time of day, number of consumers present, time to evacuate, number of staff present, and space to note problems encountered.

II. SERVICE PLANNING AND DELIVERY

Individual Planning (Assessment, implementation, monitoring)

-Individual program books were reviewed for one person at each residential site and for those folks in the sample who attend the AWARE day program. Program books were well organized, with information easy to locate. In all cases, training and service objectives were found to be based on assessment data and individually tailored. Objectives were implemented as specified in the plans and were monitored on a quarterly basis by management staff (QAOS # 8). For one individual (MP-Edmond), two objectives had been discontinued during the course of the IP year based on recommendations from a physician, but no IP 10 Amendment Form had been submitted to formally discontinue the objectives. In order to accurately track objectives over time, and make IP team members aware of changes in objectives, an IP 10 Amendment Form should be submitted any time an objective is significantly modified or dropped (QAOS # 9). **IP 10 forms have been completed for the two discontinued objectives, and residential coordinators and day program supervisors will in the future submit amendment forms for all discontinued objectives.**

Leisure/Recreation

-Leisure and recreation logs were reviewed at all program sites. Documentation of weekly recreational activities was found at all sites. However, there was no documentation of daily leisure activities at Lampman, Heritage, and Edmond (QAOS # 2). Documentation of leisure time activities is required in order to ensure that each individual is offered an opportunity to engage in some sort of leisure activity on a daily basis.

Leisure tracking sheets have been developed and implemented.

-AWARE reallocated financial resources to better meet the needs of CNP at Bender and VF, MP, and KI at Evergreen (QAOS # 10). This will allow for increased opportunities for community activities for the individuals involved.

Client Rights

-No issues involving client rights were noted during the Quality Assurance Review or during the course of the reporting period.

Medical/health care

-The medical and health care needs of the individuals served were promptly attended to throughout the course of the reporting period.

Emotionally Responsible Care Giving

-On drop-in visits during the course of the reporting period and during the Quality Assurance Review, staff at all program sites were observed to be

engaged with the consumers in an emotionally responsible fashion. Also, during the course of this review, staff consistently stated to me that they enjoyed their jobs and they volunteered that they felt AWARE was a good corporation to work for. This is seen as a very positive indication of emotionally responsible caregiving. If staff enjoy the work they do and feel that the agency values them, then they are more apt to treat the consumers with kindness and respect.

Consumer Surveys

-Consumer surveys conducted by the individual Case Managers were reviewed for each of the consumers in the sample, with no issues or deficiencies noted.

Agency's consumer satisfaction surveys

-The AWARE satisfaction survey statistics were reviewed as part of this review, and from the summary I saw, it appears that the results of all stakeholders (consumers, families, staff, and others) for all regions are blended together. Perhaps it is possible for AWARE to synthesize the comments of a specific group, but if not, I would recommend that AWARE consider developing a new survey to specifically address the comments of individuals served.

III. STAFFING

Screening/Hiring

-Personnel records for five staff were reviewed, and all were found to have the required criminal background checks and documentation of orientation training.

Orientation/training

-All staff who were surveyed as part of the Quality Assurance Review stated that they felt their orientation adequately prepared them to do their jobs, and several mentioned the opportunity to "shadow" veteran staff prior to actual hands-on work, which is a very commendable practice.

Ratios

-Staff to client ratios were checked on a monthly basis at various times of day and on various days of the week, and were always found to be within contracted requirements.

Staff Surveys

-Staff surveys were conducted for a number of staff throughout the agency, and in all instances staff were able to correctly answer the questions contained in the survey. Staff indicated that they had received orientation training that was adequate to perform their job duties, but some of them stated that some additional training specific to consumers served would be very helpful. Two areas mentioned were training in autism and training similar to what a Certified Nurse's Assistant would receive. I would recommend that AWARE develop a mechanism to solicit from staff specific requests for training.

IV. INCIDENT MANAGEMENT

APS

During the period covered by this review, there were two incidents that were referred to, and investigated by Adult Protective Services:

-October 2, 2003: Verbal and physical abuse of TT (Bender Rd). The investigator concluded that maltreatment did not occur and recommended that staff be made aware of the policies regarding appropriate reporting of abuse, neglect, and exploitation.

-May 14, 2004: Numerous allegations of exploitation at Evergreen.

Results of the investigation indicated that maltreatment did not occur. No recommendations were offered.

Incident Reporting

-Incident reports were received throughout the reporting period from all program sites with no deficiencies noted.

-AWARE is to be commended for taking the lead and developing a mechanism for electronic incident reporting (QAOS# 5). This has not only enabled AWARE to report incidents to external parties in a more timely fashion, but will also increase the ability to review such reports to detect trends.

B. Work/Day/Community Employment

Accomplishments

-Sub-contract arrangements were made with another provider agency in town to provide vocational services to several individuals whose needs are different from the activities offered at the AWARE Day Program. I am told that AWARE is looking for an alternative location closer to its residential sites, in order to minimize travel time between the residences and the day program.

Programmatic Deficiencies

-No programmatic deficiencies were noted.

Corrections to Deficiencies

-No corrections to deficiencies were required.

I. HEALTH AND SAFETY

Vehicles

-See comments above under residential.

Consumers

-See above under residential.

Medication Safety

-There were two medication errors at the day program site. See above.

Sites

-No health and safety issues were noted at the AWARE Day Program. The Beartooth School facility appears to be a good site for the type of activities offered at the day program. There is lots of space for folks to spread out and find a quiet space if needed.

II. SERVICE PLANNING AND DELIVERY

Individual Planning

-Individual program books were reviewed for each of the three consumers in the sample who attend the AWARE Day Program. Objectives stated in the Individual Plans were all being implemented as stated in the plans.

Leisure/Recreation

-A wide variety of leisure and recreational activities is offered to the consumers who attend the day program (QAOS #1). During routine drop-in visits throughout the reporting period, consumers were consistently observed to be actively involved in some sort of activity. On many occasions, consumers were observed to be either just heading out to or just returning from an activity in the community.

-A few of the individuals (specifically, JL, VF, and RP) who attend the day program could probably be engaged in more work-oriented activities and might benefit from something similar to the sub-contract process mentioned above. The option for this sort of activity would be best addressed for each of these people through the IP process.

Client Rights

-No issues involving client rights were noted at the AWARE Day Program.

Medical/Health Care

-See above under residential.

Emotional Responsible Care Giving

-During drop-in visits throughout the reporting period, and during the course of the Quality Assurance Review, staff at the day program were consistently observed to be actively engaged with the consumers in an emotionally responsible fashion.

Consumer Surveys

-See comments above under residential.

Agency's consumer satisfaction surveys

-See comments above under residential.

III. STAFFING

Screening/Hiring

-See comments above under residential.

Orientation/training

-See comments above under residential.

Ratios

-Staff to client ratios were checked on a monthly basis at various times of the day and various days of the week, and were always found to exceed contracted requirements.

Staff Surveys

-See above under residential.

IV. INCIDENT MANAGEMENT

APS

-There were no incidents involving the AWARE Day Program that were reported to APS.

Incident Reporting

-Incidents happening at the day program were reported in a timely fashion. See additional comments above under residential.

C. Community Supports

AWARE does not provide Community Supports in Region III.

D. Transportation

AWARE does not maintain a separate transportation contract, but does provide transportation to consumers through its residential and day program budgets. See additional comments above under residential–vehicles.

CONCLUSION

Findings Closed

All deficiencies noted through Quality Assurance Observation Sheets throughout the reporting period and as part of this review have been addressed, and all findings are closed.

Findings Open/Plan of Correction

No findings remain open, and no plans of corrections are required.